MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027333
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 945

FILED AUG 12 1963

DO NOT WRITE ON THIS STUB | AMENDED

VS 300
Rev. 4/59

Item	Code
1	5117
2	5110
3	
4	1
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7	0
8	2
9	331X
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11	
12	2-0
13	1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF	DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY: Buchanan
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 14 months
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Methodist Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri b. COUNTY: Buchanan
   c. CITY OR TOWN: DeKalb — Inside Limits: Yes ☐ No ☐
   d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First FRANCES Middle Last MC ADOW

4. DATE OF DEATH: Month Day Year July 30, 1963

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11/18/1880

9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (City and state or country): Platt County, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James W. McAdow

13b. MOTHER'S MAIDEN NAME: Alice Steele

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. [redacted]05

17. INFORMANT — Address: E. T. McAdow, DeKalb, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Cerebral vascular accident — 5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis, generalized — years

DUE TO (c) Senescence

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

CERTIFICATION

21. I attended the deceased from 26 July 1963 to 30 July 63 and last saw her alive on 30 July 63. Death occurred at 3:45 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wilbur C. McDonald, M.D.

22b. ADDRESS: 301 N. 8th St. St. Joseph

22c. DATE SIGNED: 2 Aug 63

W.P.H. McDonald

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 8/1/1963

23c. NAME OF CEMETERY OR CREMATORY: Mt. Bethel Cemetery

23d. LOCATION (City, town, or county) (State): Weston Missouri

24. FUNERAL DIRECTOR — ADDRESS: Heaton-Bowman, St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: Aug 9, 1963

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No.____________

working under my personal supervision.

Student______________________________
Signature of Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued: 8/1/63